

NOT FOR PUBLICATION

ACDP/84/M1

ADVISORY COMMITTEE ON DANGEROUS PATHOGENS (ACDP)

MINUTES OF THE ELEVENTH MEETING HELD AT HSE, 25 CHAPEL STREET, ON TUESDAY
3 APRIL 1984, COMMENCING AT 11.00 AM

PRESENT:

CHAIRMAN Dr D A J Tyrrell

MEMBERS Ms C M Bannister

Mr A J Barrow

Dr J H Connolly

Dr R R Davies

Dr R T D Emond

Dr R J Fallon

Miss A M Harris

Ms S McKechnie

Dr R Owen

Dr R F Sellers

Dr J E M Whitehead

Dr H Williams Smith

Prof D I H Simpson

Dr C E Wilde

Prof P Wildy

OBSERVERS Dr M C Williams MOD

Dr Fenton Lewis DESS

Dr M Sibellas DESS

Dr A Smithies DESS

Dr S R Palmer WO

Mr A J Crowley	MAFF
Mr D Sweasey	MAFF
Dr A D M McIntyre	SHHD
Mr B P Ager	HSE
Dr R Nourish	HSE

SECRETARIAT	Mr M S Chapman	HSE
	Mr G W A Sparkes	HSE
	Mr M A Bailey	HSE
	Mr P Lister	DHSS

APOLOGIES FOR ABSENCE

1. Apologies for absence were received from Dr Rowland, Mr Baker and Mr Bryant.
2. The Chairman welcomed Miss Harris, replacing Dr Muggleton, Dr Fenton Lewis and Dr Sibellas deputising for Dr Raynes. He also welcomed Mr Ager who would be illustrating the paper on smallpox with slides of the Spitalfields crypt.
3. At the request of the Secretariat the Chairman stated that he proposed to go through the Minutes of the last meeting and then take item 4 on the agenda (the paper on smallpox). This would be followed by item 7 on Flexible Film Isolators.

ITEM 1: MINUTES OF THE LAST MEETING

4. Dr Fallon pointed out that in para 12 the word 'tests' after haemoglobin was ambiguous and estimations would be more accurate. Dr Wilde added that chemical tests could also be performed but agreed the amendment.

ITEM 2: MATTERS ARISING

5. The Chairman stated that para 20 on page 5, was somewhat confusing; he questioned whether the reference was meant to be to the Ames test. Dr Wilde clarified the matter by confirming that it was in fact the Ames Co who were doing the tests.
6. Ms McKechnie, referring to page 3 para 8 wanted to know what had happened to the promised paper on VHF's. Dr Fenton Lewis replied that the memorandum was at the final draft stage and would be sent out for consultation, shortly. He expected that a copy would be sent to the Chairman for comment by the Committee.
7. There being no further matters arising the Chairman agreed to sign the Minutes as amended.

ITEM 4. SMALLPOX RISK ASSOCIATED WITH DISINTERMENT OF CRYPT VAULTS (ACDP/84/P5)

8. The Chairman reported that he had not written to Dr Assa^ad because discussions had shown that it was unlikely that it would be possible to do laboratory work in this country.
9. He then invited the Secretariat to present the paper. Mr Chapman said that Mr Ager would first show and comment on some slides taken during

a joint HSE/DHSS visit to the Spitalfields crypt. Part of the crypt was used as a shelter by some 19 vagrants and a children's playground extended to the church walls. The slides showed conditions in the parochial crypts where builders rubble and charcoal had been placed on the coffins, subsidence of some 3ft had then taken place; some slides showed uncovered dilapidated coffins.

10. This contrasted with a similar crypt in Marylebone, visited five years ago where there had been well ordered conditions with mostly lead lined undamaged coffins.
11. Mr Ager doubted the possibility of sampling before some excavation work had been carried out.
12. At this point the Chairman suggested that members should read the paper on Disinterment of Crypt Vaults tabled by HSE.
13. Introducing the paper Dr Nourish said that visit to a firm of funeral directors had been made to obtain information on the scale of this type of work. Exhumation is a thriving business and the firm had carried out four or five crypt clearances last year, and had current proposals for further crypt clearances, and asked if it would be the committee's view that these works should not begin before the Spitalfields problem had been resolved.
14. When asked if the workers on the clearance had been vaccinated Dr Nourish replied that over 11 years some 150 workers had been used but no positive information was available regarding vaccination. The Chairman asked the age range of the workers, pointing out that it was unlikely that the younger

ones had been vaccinated. Dr Davies said that Prof Dumbell's theory was that there was no risk and if the WHO agreed with this the Committee could take this as the answer. The Chairman responded that the ACIP should reach its own conclusions. Prof Wildy considered that only a small percentage of bodies would be well preserved and unless some of these were pock marked it would be impossible to identify smallpox victims; sampling hundreds of corpses would be out of the question.

Summing up the Chairman suggested that from a practical point of view the risk would be very low but from a scientific point of view we were still ignorant of whether there was a risk or not.

15. Ms Bannister was concerned that there was no epidemiological evidence on the workers in the firm over the last 10 years.
16. Mr Chapman informed the Committee that although the firm had not kept records it had no recollection of work related illness; there had been a number of injury accidents.
17. The Chairman pointed out that there was no evidence that previous crypts contained bodies of small pox victims, but it was almost certain that they did because of the prevalence of smallpox in children in the period when these burials took place. Parish records show that the Spitalfields crypt was very likely to contain the remains of smallpox virus.

- 18 Dr Owen drew a comparison with nuclear sites for hazard/risk assessments. He also saw the possibility of risks other than smallpox and thought that these should be looked at.
- 19 Professor Simpson suggested that in countries like India where smallpox had been rife before 1977 any residual risk would have manifested itself but no cases had been reported.
- 20 Summing up the Chairman suggested that there is not a lot of evidence to show that there is an immediate risk but it cannot be said that there is no risk under particular circumstances.
- 21 Dr Nourish said that he understood from the discussion that the opinion of the committee was that there were three different circumstances:-
- 1) earthen burial sites where there is considerable decay and often liquefaction; such sites are often cleared for development purposes.
 - 2) clearance of crypts with two distinct sets of conditions:-
 - a) those which are similar to earthen burial sites

and where there is a measure of decay.

b) those where there is no evidence of charcoal, earth or builders' material; these are generally well preserved.

3) those sites where there is a need for ready access to building services.

22. It was questioned if there was any risk where coffins were well preserved, and the problems of removing such coffins still intact from a confined space were described.
23. Prof Wildy added that 1 = 2a.
24. The Chairman reported that there are objections to CAMR doing any sampling work for smallpox virus.
25. Mr Chapman asked if the Committee were now able to advise HSE on each of the points raised in para 12 of Paper 5; if there was no risk from smallpox then there would be no need to take special precautions.
26. Mr Sweasey thought that there might be some risk on well preserved sites and suggested restricting entry to named workers and ensuring that those workers take precautions. Ms McKechnie thought it reasonably practical to ask contractors to take precautions.
27. The Chairman said in summing up the situation at Spitalfields that opinion appeared to be that risk was very low and therefore within

the range of acceptable risk; however he wanted to know what should be done about the greatest risk, namely, the opening of a well preserved coffin.

28. Dr Davies doubted whether archaeological examination of a body would be permitted in the worst cases and suggested that the body should either be cremated or removed from the site in plastic bags. Dr Nourish indicated that the contractors already do this.

Dr Fallon felt that the only thing that could be done would be surveillance of the workers.

29. After further discussion the Chairman suggested that the Committee were accepting for consideration, the factors "a" to "f" in para 12 of the paper but these would apply only in the worst case ie in crypts where coffins and remains were well preserved. They also advocated surveillance of the workers but not vaccination. It was also suggested that the committee could be circularised if HSE required more detailed advice.
30. Dr Nourish considered that it would now be possible to proceed from a practical point of view and a code of practice could be prepared on this basis.
31. The Chairman said that the Committee had dropped the suggestion of doing any sampling for virus.

ITEM 7 FLEXIBLE FILM ISOLATORS (ACDP/83/P19 SECOND DRAFT)

32. The Chairman stated that he proposed to go quickly through the draft. Dr Sellers explained that all the points made at the last meeting had now been included in the second draft.

33. The Secretariat proposed changing the order of some paragraphs referring to filters to bring them together. There had also been a number of comments from members as a result of consultation on the second draft.

34. The following amendments were then proposed:-

page 3 - Lighting. It was considered that the minimum level of illumination could be too high for some animals and some addition was necessary.

page 3 - ultra-violet lamps. It was agreed that an addendum should be made.

Page 5 para 2 - the deletion of 'microbiological' was requested and agreed.

Page 14 para 2 - it was suggested that the recommended volumes and weights should be stated earlier in the paragraph and the Secretariat agreed to do this.

35. The suggested amendments were accepted. The Committee then signified acceptance of the Report and agreed that it be passed to HSE and DHSS with a recommendation for its publication.

ITEM 3 - CYTOMEGALOVIRUS (ACDP/84/P4)

36. The Chairman stated that the TUC had asked for advice on this item and invited Dr Owen to open the discussion. Dr Owen reported that he had enquiries from several teachers who had been given differing and sometimes alarmist views by their doctors. The

teachers were looking after children and particularly subnormal children, some of whom were infected with CMV.

37. The matter had been brought to ACDP for advice, on an interim basis if need be, to give to young women teachers, particularly as GPs had expressed concern at them working with young children, especially while pregnant.
38. The Chairman considered that it was to a woman's advantage to get CMV before she became pregnant since it had been shown that the risk to the foetus is through primary infection during pregnancy. Prof Wildy stated that the virus can be passed from the child to the expectant mother via saliva and urine. The Chairman added that a great many normal children secrete CMV and therefore anyone exposed to young children is at risk from CMV.
39. Dr Owen was concerned that some teachers may press for children with CMV to be taken out of school and taught at home or that teachers may be advised to leave teaching while pregnant. Such actions would result in social and employment problems.
40. Infection does not always mean that harm will follow; but there was a question of trying to avoid progressive harm after birth. There is difficulty in identifying infected children, but the risk of infection can be controlled by good care; women in early pregnancy were at greatest risk and should therefore take extra precautions and care in dealing with young children.
41. Dr Davies asked if children in special schools are more likely to be carriers; the Chairman replied in the affirmative but stated

that a nursery school could have several normal children secreting CMV. Dr Connolly asked if the occupations of the mothers of children with CMV were known. When told that they showed a considerable cross-section, he reported that an American study had shown that the mothers of children who had suffered from foetal damage due to CMV came from mainly higher social classes, probably because they had less antibodies.

42. Dr Owen said that 4 studies were ongoing in Scotland but results were not yet available.
43. He felt that at present hygiene advice would be all that he could offer teachers. The Chairman agreed adding that the risk is small but teachers should be aware of it; simple hygiene measures will considerably reduce the risk. Since advice given by the medical profession is somewhat conflicting the Chairman suggested that Departments should get together and consider issuing a statement.

ITEM 5 EPIDEMIOLOGY - OF LABORATORY ACQUIRED INFECTION (ACDP/84/P6)

44. The Chairman stated that there was a need to know what infections occur, how frequently and in what circumstances. Mr Lister had therefore been asked to look at what epidemiological information is available on laboratory acquired infection, and his findings are reported in ACDP/84/P6 which had been circulated to Members.
45. Mr Lister quoted from a paper by Harrington 1981 saying that the paragraph summed up the present unsatisfactory situation. The figures and facts available are sufficient to form a basis for future action.
46. The Chairman invited Dr Palmer to comment.

47. In his opinion there were two approaches

- 1) to look at the process
- 2) to look at the outcome.

48. In looking at the outcome, a cohort study would need huge numbers since incidence of infection would be low unless a specific infection occurred. The alternative would be surveillance but the difficulties here would be that there is no control over the survey population and no control group. He therefore suggested that each incident of infection in a group should be investigated to establish whether there had been any malpractice. The Chairman said that would at least give negative feedback, if people follow recommendations and still get infections then the level of protection recommended is insufficient.

49. Dr Fallon added that Grist and Emsley were doing a voluntary study in Scotland; but that the laboratories which fail to fill in questionnaires may be those with the worst laboratory practice.

50. Ms McKechnie considered that the only group worth studying as a whole were the clinical laboratories. She went on to report that HSAC was looking at ways of reporting all accidents/infections in clinical laboratories. She suggested that the Secretariat should ask for details of what the sub-committee proposes to do and see whether it will help ACDP.

51. Taking Dr Palmer's point of looking at the process the Chairman suggested Mr Reed of CRC, who has been working in this field, should be asked to write up his work so that it can be circulated

to members; this would then be discussed at the next meeting.

This was agreed.

ITEM 6 AIDS (ACDP/83/P22 REVISED)

52. The Chairman said that this item fell into two parts and he proposed to deal with the second appt (the Working Group) first. This was being set up at the request of DHSS to look at the problems/risks of handling material from AIDS patients.
53. Mr Chapman then read out the terms of reference for the Working Group. Ms McKechnie complained that the terms of reference did not include blood products. Dr Smithies said that the Blood Transfusion Service AIDS Working Party had a study of blood products well under way and the Chairman maintained that the Committee was not equipped to do a detailed study of blood products since members did not have the know-how.
54. Dr Owen reported that prison officers had made an approach to the Home Office over Blood Transfusion Services refusal to collect blood from the prison population in Bristol because of the possible risk of Hepatitis B and AIDS among the prison population.
55. The Chairman then named the proposed Working Group members:-

Ms McKechnie

Dr R Davies

Dr A J Pinching

Dr R Tedder

Prof M Adler

Dr S Palmer

and these were agreed.

56. The Chairman then turned to the first part of the item explaining that the aim had been to produce interim guidelines quickly but the task had taken longer than anticipated. In addition a number of comments had been received.
57. Prof Wildy considered that the document was far too long and needed shortening.
58. Ms McKechnie stated that most of her comments had been included in the guidelines but she was concerned at the reference to class II cabinets. She did not think that these were justifiable in laboratories; there was a risk to staff because the chance of them being properly maintained was minimal. Although the guidelines state that class II cabinets are not recommended she did not want them used at all for clinical work. The AIDS agent had not been classified and was probably nearer to hazard Group 4 than to Group 3.
59. The Chairman intervened to say that AIDS virus had now almost certainly been identified. The research involved the culture of human lymphocytes and this could only be done in class II cabinets. Dr Nourish stated that ACDP guidelines for use of class II cabinets accepted by HSE were quite onerous if all were adopted.
60. Further discussion on paragraphs of the guidelines followed.
61. The Chairman then expressed concern at the apparent unwillingness to accept the document as it is and said that he would not wish it to be issued in such circumstances. The alternative would be to

refer the document to the new working group for revision. He suggested that the Committee should report back that it had failed to produce interim guidelines through lack of agreement and should offer to produce guidelines through the working group.

62. Dr Nourish was concerned because HSE had received urgent requests for advice and were waiting for the ACDP. The Chairman regretted delay but had confidence in HSE's judgement.
63. Dr Nourish then outlined the approach which had been adopted by HSE and if the committee felt it acceptable it could continue in the interim. In regard to research work Category B1/containment level 3 facilities were required, rather less for diagnostic work. He also indicated that HSE would continue to work on this basis until further advice was available. The Committee agreed to this course of action.
64. Ms McKechnie felt that the Committee should give an interim decision that the level of containment for research work is containment level 3. The Chairman saw a danger that this would be interpreted that all patients etc should be regarded as category 3.
65. Ms McKechnie then asked the Committee to recommend containment level 3 for research work done on the AIDS agent which might involve replication of the agent. The Committee agreed.

ITEM 8 PROPOSED REGULATIONS FOR CONTROL OF SUBSTANCES HAZARDOUS
TO HEALTH AND MICRO-ORGANISMS (ACDP/84/P7)

66. Mr Davies (Hazardous Substances Division - HSE) joined the meeting and was invited to speak to the paper. He explained that the regulation had been in preparation in HSE for a number of years with regard to materials other than pathogens; they were required to come forward with such regulations by various international organisations. The Working Group from the Advisory Committee on Toxic Substances had produced a consultative document and wanted to submit it to Health and Safety Commission for public consideration.

67. The question of pathogens had been considered by the Working Group and there were two views;

- 1) that the regulations should cover pathogens
- 2) that the Advisory Committee on Toxic Substances should put the question to ACDP.

It was suggested that a separate approved code of practice should be produced for pathogens.

68. The Chairman said that he would be happy for the ACDP report to be taken over for inclusion in COSHH. HSE pointed out that the COSHH code of practice would cover both industrial and laboratory facilities.

69. Prof Wildy said that he did not think that pathogens should be considered as substances, nor that they should be amalgamated in the proposed COSHH regulations.

70. Ms McKechnie made the point that COSHH needed to be brought in because the HSW etc Act is inadequate.

71. Dr Whitehead asked how modifications could be made if the code of practice was written into COSHH. Mr Davies stated that it should present no problems.
72. The Chairman suggested that as a practical measure a small group of the Committee should sit down with the Report and COSHH to see how they can be brought together. This was agreed and the Chairman suggested that the members of the Working Group should be:-

Dr Whitehead

Miss Harris

Mr Barrow

Dr Connolly

plus a TUC representative.

73. Dr Davies pointed out that ACDP Report had deliberately excluded microbial ^Ntoxins as some are carcinogenic.
74. The Secretariat agreed to set up a meeting of the group.

ITEM 9 ANY OTHER BUSINESS

75. The Chairman announced that this was the last meeting of the Committee with its present membership: they had all been appointed for three years and the term would be completed at the end of May. No formal arrangements could therefore be made for future meetings. The Chairman thanked members for all their work on the Committee.
76. There being no further business the Chairman declared the meeting closed at 4.00pm.